



Standard Operating Procedure (SOP)	
Issued: 8/26/2020 (Updated 3/31/2021)	Revised: See Change Log (Appendix D)
SUBJECT: Investigation of COVID-19 in Pre-K-12 Schools	
Maine Center for Disease Control and Prevention Division of Disease Surveillance	

I. BACKGROUND AND RATIONALE

SARS-CoV-2, the virus that causes COVID-19, has become widespread globally and in the United States. Emerging evidence indicates that children of all ages are susceptible to COVID-19 although their clinical presentation is often less severe than that seen in adults. However, severe disease is possible, including rare fatalities and a multisystem inflammatory syndrome in children that can lead to a severe and life-threatening illness in rare cases.

II. PURPOSE

This SOP provides a framework for response to case(s) of COVID-19 among students, teachers, or staff within a school. It will be updated frequently as more is learned about transmission and mitigation of COVID-19. The guidance in this SOP is not exhaustive, nor does it replace direct engagement with Maine CDC. This SOP assumes that students, teachers, and staff comply with the Six Requirements for Safely Opening Schools in the Fall, which are found in the Maine Department of Education's Framework for Reopening Schools and Returning to In-Person Instruction.

The Maine DOE Nurse Consultant is the primary point of contact for schools to Maine CDC.

III. OBJECTIVES

The primary reason to investigate cases or outbreaks of COVID-19 in schools is to control the outbreak and, with lessons learned from that investigation, help prevent future outbreaks. Specific objectives of investigations may include, but are not limited to:

1. Implementing measures to prevent or mitigate transmission of COVID-19 within a school setting.
2. Determining the magnitude of the outbreak and characterizing chain(s) of transmission (*e.g.*, secondary transmission among children, school staff members, and household members).
3. Describing characteristics of school populations, including demographic, health status, clinical characteristics (for cases), and exposures, stratified by COVID-19 case status.

IV. METHODS

A. Case Definitions

Maine CDC will follow CSTE case definitions for COVID-19. These case definitions are subject to change. COVID-19 interim case definitions can be found at

B. Investigation Approaches

Interviews with school staff are useful to assess the school environment and strategies adopted by the school to prevent or mitigate COVID-19 spread. Gathering detailed information on school operations, space layout, number of staff members, teachers and students, class sizes (density), and daily schedule (pick up, drop off, rotation through different classrooms and other school spaces) will help with understanding the daily routine and potential mixing among students from different classes.

Maine CDC will initiate an investigation when it learns of a confirmed or probable case (or cases) associated with a school. In the event that the school is informed of a confirmed or probable case (or cases) of COVID-19 prior to Maine CDC, the school or School Administrative Unit (SAU) will alert the Maine DOE by calling the reporting hotline at (207) 624-6717 or completing the online DOE reporting form. The DOE will contact Maine CDC to report the case(s). During off hours, the Maine CDC case investigator will call the school nurse at the school for an individual case. If the school nurse is unavailable the case investigator will leave a message. If there is an additional contact on the voicemail, the case investigator will reach out to that individual. If an outbreak investigation is opened during off hours, the outbreak investigator will call the superintendent. In addition, the outbreak investigator will notify DOE's school nurse consultant and Deputy Commissioner in such circumstances.

Recommended public health actions will depend on the number of cases, the location of the cases, and the degree of contact those cases may have had with other students, teachers, or staff. Table 1 below summarizes the various stages of public health recommendations based on these factors. It is important to note that the circumstances of a specific outbreak may result in a deviation from these recommendations.

C. School Nurse Responsibilities

The school nurse (or other official designated) affiliated with the school where a positive case is identified will be an essential part of the public health investigation. The school nurse will serve as the primary point of contact for public health investigators. The school nurse or designee should also contact the applicable designated school administrators, school health advisors/school physicians, and, where possible, the primary care provider of the student who has tested positive.

As noted in Section V (Notification and Communication) below, the school nurse shall serve as the primary point of contact with families of confirmed cases. When the school nurse communicates with the family of a confirmed case, the school nurse should share [isolation](#) information as well as [quarantine](#) information for family members living in the same household. Based on the MECDC case investigation surge plan (serious or critical only), nurses may be able to give an anticipated release from isolation date, specifically those who will not be investigated. Doing so will save time prior to MECDC contacting the family and may reduce the likelihood of further transmission. The school nurse should communicate that any school-aged siblings that live in the same household should be sent home from school and placed into quarantine. The school nurse can make social service referrals with family's permission to covidsocialsupport@maine.gov.

The school nurse should recommend that the parent/guardian monitor other family members for symptoms of COVID-19. These include: fever ($>100.4^{\circ}\text{F}$) or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea. The school nurse should also advise families to ensure that the COVID-19-positive student remain in proper isolation, especially from people who are at higher risk for getting sick from COVID-19. Families where a member has tested positive for COVID-19 should alert their

health care provider, especially if symptoms worsen. In addition, the school nurse can provide a brief overview of the case investigation process, [contact tracing, and Sara Alert system for the family](#). Symptomatic close contacts should seek a COVID 19 test. School nurses should not expand the close contact investigation until the symptomatic close contact has received a positive COVID-19 test.

The school nurse can also then begin the process of determining who within the school may constitute a close contact (*see* Sections F and G below).

In general, a close contact is defined as someone with exposure to the confirmed or probable case within 6 feet for 15 minutes or more (cumulatively in one day) regardless if individuals were wearing face coverings. To help protect students in the school and out of an abundance of caution, Maine CDC considers everyone within a classroom to be close contacts unless there is assigned seating as described in Table 2. In addition to close contacts from the classroom setting, the school nurse can begin to compile information on close contacts from transportation and during extracurricular activities. The school nurse, along with other school officials, should make initial contact with the determined close contacts to ensure they begin their quarantine period in a timely manner. If close contacts are determined while school is in session, they may complete the day. If private transport is unavailable, taking the bus home is acceptable. Schools will obtain passive consent or verbal consent to enroll into Sara Alert before sending the close contact list to the DOE Contact Tracing Team through the approved process. The school nurse or designated school close contactor should send close contact lists to DOE close contact team through the approved process.

D. Laboratory Testing

Maine CDC recommends testing for [all close contacts](#) of persons with SARS-CoV-2 infection as soon as possible after exposure, regardless of symptoms. If that test is negative, the close contact should be re-tested 5-7 days later. Because of the potential for asymptomatic and pre-symptomatic transmission, it is important that close contacts of individuals with SARS-CoV-2 infection be quickly identified and tested in the appropriate time frame, even though close contacts must remain in quarantine for 10 days irrespective of the test result. Testing of close contacts also helps identify additional cases, which in turn allows identification of further close contacts who should be in quarantine. PCR confirmation of a positive antigen test is no longer required, regardless of whether the individual is symptomatic, provided that the antigen test is conducted on an individual with a known exposure to a positive case. A close contact of a positive case who has completed the COVID-19 vaccine series does not need to be tested so long as the exposure occurred more than 14 days after the close contact's completion of the vaccine series. In general, individuals who test positive should not be retested for 90 days following the date of the positive test result. However, an individual who develops new onset of symptoms consistent with COVID-19 infection during the 90-day period following the initial positive test collection date should be retested and should isolate until 24 hours after symptoms have resolved. An individual who tests positive again 90 days after the last positive test must complete isolation following the new, positive result. Completeness of reporting for all individuals testing positive or negative can optimize investigation efforts for case classification and provide an initial assessment of attack rates when combined with line lists provided by the school.

Maine CDC will work with School Administrative Units (SAU) to identify potential locations where students, faculty, or staff could obtain COVID-19 testing. Maine CDC cannot guarantee the availability of on-site testing for every school experiencing an outbreak. State-sponsored sample collection sites can be found on Governor Mills' COVID-19 [site](#); additional options can be found at [Get-Tested-COVID19.org](#).

Maine CDC also recommends that SAUs begin assessing testing options within their communities. For example, a SAU may wish to convene a meeting with local health care providers to determine their ability to conduct swabbing for COVID-19 for a classroom or even an entire school, if needed. As part of this planning process, SAUs should ask area health care providers to evaluate, among other things, the

availability of: (1) supplies needed to conduct testing (swabs, viral transport media, etc.), (2) qualified medical personnel who can conduct or observe COVID-19 swabbing among students/teachers/staff, and (3) where such testing could be conducted.

Schools have the option of becoming test sites using BinaxNOW and should review the [guidance materials from DHHS](#).

E. Isolation and Quarantine

With respect to isolation and quarantine recommendations, Maine CDC follows the same guidelines for school-related cases as it does for other outbreaks. Students, teachers, or staff who test positive for COVID-19 will be isolated until they meet the U.S. CDC criteria for release for isolation.

All student close contacts of positive cases must remain in quarantine for at least 10 full days following their last exposure to the confirmed case. In a school setting, close contacts may range from a few people in a classroom, an entire classroom to the entire school, depending on the number and location of confirmed cases (*see* Table 1 and 2 below). Individuals with a previous positive COVID 19 test (molecular or antigen) who are exposed to a positive case do not need to quarantine if the exposure is within 90 days from their positive collection date. Individuals who have completed a COVID-19 vaccine series and have been exposed to a positive case do not need to quarantine as long as the exposure occurred more than 14 days after the individual's completion of the vaccine series. If exposed after vaccination but prior to the 14 days, the person will need to quarantine for the full time period.

It is important to note that a close contact who receives a negative test result must remain in quarantine for the balance of the full 10-day period (rather than 5 pm on day 10). If an individual believes they had a previous COVID-19 infection but did not have a positive COVID-19 molecular or antigen test, they must still quarantine after an exposure. Close contacts of confirmed cases will be identified using the exposure and infectious periods outlined in the 2019 Novel Coronavirus protocol. Those close contacts who develop symptoms during their quarantine period should get a COVID-19 test.

School staff (teachers, nurses, bus drivers, etc.), however, are considered essential workers.¹ Unvaccinated school staff who are close contacts of confirmed cases may return to work while in quarantine so long as (1) there are no substitute school staff members available, (2) the school staff members take appropriate infection control precautions, including the use of PPE, and (3) the staff remain in quarantine outside of work. Under no circumstances should a positive COVID-19 person be attending school or working in a school setting. Per Maine CDC guidance, fully vaccinated school staff need not quarantine after exposure to a confirmed case of COVID-19.

Maine CDC will use the following criteria when making recommendations around isolation and quarantine for exposed contacts of confirmed or probable cases. Alternative public health actions may be used if certain parameters of assigned seating are met in classrooms/spaces (Table 2).

(1) For one or two confirmed or probable case(s) in a student/staff/teacher who has/have been within a single classroom/pod for the entire day:

- All other students/staff/teachers in that classroom/pod are considered close contacts regardless of the setup of the classroom or face covering use.
 - Art, library, recess, and cafeteria exposures for student/staff/teacher will be reviewed on a case-by-case basis.
- The classroom where the confirmed case is located should be cleaned according to federal CDC guidelines found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>.

¹ See https://www.cisa.gov/sites/default/files/publications/Version_4.0_CISA_Guidance_on_Essential_Critical_Infrastructure_Workers_FINAL%20AUG%2018v2_0.pdf

- It is not necessary to wait 24 hours before cleaning or disinfecting schools.
- (2) For one or two confirmed or probable case(s) in a student/staff/teacher who has/have been in multiple classrooms/pods:
- All students/staff/teachers of any classroom where the student/staff/teacher attended a class are considered close contacts regardless of the setup of the classroom/pod or face covering use.
 - Art, library, recess, and cafeteria exposures for the student/staff/teacher will be reviewed on a case-by-case basis.
 - The classrooms where the confirmed case is located should be cleaned according to federal CDC guidelines found here: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- (3) Bus exposures:
- In general, if a COVID-19 case is on a bus for fewer than 15 minutes, no one else on the bus is considered a close contact.
 - In general, if a COVID-19 case is present on a bus for greater than 15 minutes, without any assigned seating, and with closed windows, all riders will be considered close contacts.
 - Bus rides that fall between these two scenarios will be assessed on a case-by-case basis by Maine CDC.
 - An “open window” is defined as at least four windows fully opened (two in front and two in back) on each side of the bus.
 - Any bus that carried a confirmed or probable case should be cleaned according to federal CDC guidelines <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
- (4) After school activities:
- Anyone with more than 15 minutes of cumulative contact will be considered a close contact.
 - Indoor extracurricular activities will have to be assessed independently depending on the nature of the activity, the setup of the activity, and the mitigation strategies in place.
- (5) Evaluation of sports-related activities
- If a COVID-19 case plays a sport in the “Higher Risk” or “Moderate Risk” category while infectious, the entire sports team, including the coach and game officials that are in the play area, are considered close contacts.² Support staff of a team (*i.e.*, officials, referees, athletic trainers) will be assessed independently depending on the nature of the activity, setup, mitigation strategies in place by the school nurse or other staff and the case investigator.
 - If, during the period of infectiousness, a COVID-19 positive case plays against another team, the other team will be reviewed on a case-by-case basis for close contacts
 - If a COVID-19 case plays a sport in the “Lower Risk” category while infectious, contacts are assessed independently depending on the nature of the activity, setup, mitigation strategies in place by the school nurse or other staff and the case investigator..
 - Those deemed to be close contacts may not play sports during their period of quarantine.
 - The Maine Principals’ Association guidance for school sports parallels the Community Sports Checklist which includes a table of the Higher, Moderate and Lower Risk category sports and can be found at: <https://www.maine.gov/decd/checklists/community-sports>

Exceptions to an individual within these criteria include the following: those with a previous positive COVID 19 test if the exposure is within 90 days from their positive test collection date and those with 2 doses of COVID 19 vaccine if more than 14 days have passed since the individual’s last vaccine.

² Designations can be found here: <https://www.maine.gov/decd/checklists/community-sport>

Maine CDC recommends that school community members be notified when a confirmed or probable case has been detected that is associated with the school.

F. Outbreak Response

Once a school reaches outbreak status as determined by an outbreak investigator, not the school (an outbreak is defined as 3 or more PCR confirmed cases from different households within 14 days):

- All individuals associated with the school should be notified by the school of the outbreak (*see* Section V below). School officials should make such notifications in writing, using a template provided by Maine CDC (*see* Appendix A).
- A Maine CDC outbreak investigator will coordinate with the school, and each case will still be assigned a case investigator who will follow the standard investigation protocol.
- If three cases are spread across multiple classrooms:
 - All students/staff/teachers of any classroom where the student/staff/teacher attended a class are considered close contacts regardless of the setup of the classroom/pod or face covering use.
 - The school will follow cleaning guidance from U.S. CDC: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
 - Close contact students, teachers, and staff who test negative must complete a 10-day quarantine from the last day of exposure in the school.
 - Essential workers may return so long as they follow the guidelines outlined in Section E.
- School outbreak status does not necessarily warrant school closure, and can be evaluated on a case-by-case basis.
- Maine CDC may recommend suspending all in person extra-curricular activities during the 10-day quarantine.
- In situations where students are in a single classroom and teachers rotate through the classroom, where there is a single case, all the teachers who rotated through the classroom will be considered close contacts.
- Close contacts may expand to include the entire school depending on the case or outbreak investigation, considering factors such as adherence with public health guidelines and the age of the students.
- A student, teacher, or staff member may return to the classroom after release from isolation or quarantine.
- Outbreaks are preliminarily closed 14 days after the last positive test or symptom onset, whichever is later, and officially closed 28 days after the last positive test or symptom onset date, whichever is later.

The following tables summarize the public health actions that can be taken in response to cases detected within schools depending on the mitigation of practices within classes.

Table 1: Recommended Public Health Actions for COVID-19 in Schools Without Assigned Seating

Number of Cases	Location	Testing Recommendation**	Quarantine Recommendation***	Cleaning/Closure Recommendation	Notes
1 or 2	Single classroom/cohorts/pod	All students/staff within the classroom	All students/staff in the classroom	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
1 or 2	Two or more classrooms/cohorts/pod	All students/staff within both classrooms	All students/staff in the classrooms	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
3+ (outbreak*)	Single classroom/cohort/pod	All students/staff within the classroom	All students/staff in the classroom	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
3+ (outbreak*)	Multiple classrooms/cohorts/pods	<p>All students/staff in the same classrooms, cohorts, pods, buses, and extracurricular activities are considered close contacts and are recommended to be tested.</p> <p>Close contacts may expand to include the entire school depending on the epidemiological investigation, considering factors such as adherence with public health guidelines and the age of the students.</p>	<p>All students in the same classrooms, cohorts, pods, buses, and extracurricular activities are considered close contacts and will need to quarantine for 10 days, regardless of test results</p> <p>Close contacts may expand to include the entire school depending on the epidemiological investigation, considering factors such as adherence with public health guidelines and the age of the students.</p> <p>Non-close contacts may return to school with no testing after cleaning or the period of dormancy is complete.</p>	Routine cleaning	<p>Additional potential locations for close contacts include busses, after-school activities, etc.</p> <p>If and only if students are cohorted in one classroom, it is possible that only affected classrooms will be closed.</p>
<p>*An outbreak is defined as 3 or more PCR confirmed cases from different households within 14 days in a school.</p> <p>** Individuals with a previous positive COVID 19 test should not retest.</p> <p>*** Individuals with a previous positive COVID 19 test who are exposed to a COVID 19 case do not need to quarantine if the exposure is within 90 days from their positive test collection date OR have had 2 doses of COVID 19 vaccine and more than 14 days have passed since the individuals last vaccine.</p>					

Table 2: Public Health Actions for COVID –19 in Schools with Assigned Seating in All Classrooms/Spaces

Number of Cases (within a 14-day period)	Location	Testing Recommendation**	Quarantine Recommendation***	Cleaning/Closure Recommendation	Notes
1 or 2	Single classroom/cohorts/pod	All students/staff who meet close contact definition. All students/staff who meet close contact definition	All students/staff who meet close contact definition	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
3 +	Single classroom/cohorts/pod	All students/staff within the classroom	All students/staff in the classroom	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
1 or 2	Multiple classrooms/cohorts/pods	All students/staff who meet close contact definition	All students/staff who meet close contact definition	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
3+	Multiple classrooms/cohorts/pods	All students/staff in the same classrooms, cohorts, pods	All students in the same classrooms, cohorts, pods	Routine cleaning	Additional potential locations for close contacts include busses, after-school activities, etc.
<p>*An outbreak is defined as 3 or more PCR confirmed cases from different households within 14 days in a school.</p> <p>** Individuals with a previous positive COVID 19 test should not retest.</p> <p>*** Individuals with a previous positive COVID 19 test who are exposed to a COVID 19 case do not need to quarantine if the exposure is within 90 days from their positive test collection date OR have had 2 doses of COVID 19 vaccine if more than 14 days have passed since the individuals last vaccine.</p>					

V. NOTIFICATION AND COMMUNICATION

• **Notification of a Confirmed or Probable Case to Schools**

The Maine CDC case investigator will alert school nurses of a laboratory confirmed or probable COVID-19 case in the schools and begin an investigation. Case investigators must inform the school if the case was physically in attendance during their infectious period. Case investigators are encouraged to inform the school if the case was in attendance during their exposure period. Maine CDC will have a designated liaison who will work closely with the Maine Department of Education (DOE) on COVID-19 related matters in schools. Maine CDC's school liaison and Maine DOE School Nurse Consultant will monitor new cases.

• **Notification of a Confirmed or Probable Case to Maine CDC**

School officials may be notified of a confirmed or probable case among a student, teacher, or staff member by the individual or parents (if the case is a student). If school staff are notified by a parent/guardian that their child received notice from their health care provider that their COVID-19 test was positive, school staff should contact the school nurse. The school nurse will notify Maine DOE's School Nurse Consultant, who will notify the Maine CDC of the suspect case. Once Maine CDC receives the positive lab report a case investigator will begin the COVID-19 investigation. The school will be notified by either MDOE or Maine CDC that the case has been confirmed so the school can begin its

notifications of close contacts. The school nurse will be the communication link among the family, the Maine DOE School Nurse Consultant, and the Maine CDC.

- **Communication with Family Members**

Maine CDC recommends that the school nurse communicate with the family of a confirmed or probable case (when that case is a student). The school nurse will be best suited to provide information to the family and reassure the family that Maine CDC investigators will be in contact with them. The school nurse should also reach out to the DOE reporting hotline, 207-624-6717 to inform DOE of the case. DOE's School Nurse Consultant will coordinate with Maine CDC's school liaison. The school should notify family members of students that will be in quarantine. A sample letter is available in Appendix A.

- **Communication with School Community**

Maine CDC recommends that school community members be notified when a confirmed or probable case has been detected that is associated with the school. The school is best able to notify parents, staff, teachers, and other community stakeholders (*e.g.*, Board of Education, Superintendent, etc.) of the confirmed or probable case(s). Template letters for such communication are available in the appendices. Maine CDC strongly recommends confirming COVID-19 cases and outbreaks prior to schools sending public communications.

- **Public Reporting**

Maine CDC will report publicly when an epidemiological investigation has been opened into a potential outbreak of COVID-19 associated with a school, as it does in other settings. Superintendents should notify their school community before the MECDC announces a school is in outbreak status when possible. In general, such investigations are opened after three or more epidemiologically linked cases are identified within a 14-day period.

- **After Hours**

Maine CDC investigates COVID-19 cases seven days a week until 5 P.M. A Maine CDC case investigator will reach out to a school nurse when a confirmed or probable case identifies a school exposure. If the school nurse is unavailable the case investigator will leave a message. If there is an additional contact on the voicemail, the case investigator will reach out to that individual prior to 5 PM. If no contact has been made, the CDC case investigator will reach out to the DOE in a final attempt to contact the school. If Maine CDC opens an outbreak investigation after hours, the outbreak investigator will contact the superintendent of the school administrative unit as well as and DOE's on-call contact.

VI. CONTACT TRACING PROTOCOLS IN SCHOOLS

Maine DOE will work with school officials to conduct contact tracing and symptom monitoring for close contacts of confirmed COVID-19 cases within schools.

Maine uses a platform called Sara Alert to conduct symptom checks and monitoring on close contacts of confirmed cases. Maine DOE Contact Tracing team will enroll asymptomatic close contacts of confirmed cases—whether teachers, students, or staff—into Sara Alert for daily monitoring during the quarantine period. Maine DOE will monitor those close contacts during their quarantine period and, if any of those individuals becomes symptomatic, will provide guidance on testing and other clinical evaluation. The DOE school nurse consultant and the Maine CDC school liaison will have access to the Sara Alert system.

Note that school contacts will be enrolled into a dedicated jurisdiction within Sara Alert.

VII. GLOSSARY

Term	Definition
Close contact	In general, being within 6 feet of an infected person (with or without a face mask) for at least 15 minutes (cumulatively in a day), or having unprotected direct contact with secretions or excretions of a person with confirmed COVID-19 during the infectious period
Community transmission	Occurs when individuals acquire COVID-19 through contact with someone in their local community, rather than through travel to an affected location.
Confirmed case	A person who has tested positive for SARS-CoV-2 infection (the virus that causes COVID-19)
Contact tracing	Process of identifying individuals who have had close contact (see definition above) with someone infected with COVID-19
Cohort	A consistent group of students and staff who interacts with each other but not with members of other groups on a regular basis. Groups should be as small as possible, with maximum numbers outlined in the different reopening scenarios. When in a cohort, each group must physically distance themselves from each other and from other cohorts.
COVID-19	Abbreviation for the disease caused by the novel coronavirus SARS CoV-2
Incubation period	The time between exposure to an infection and the appearance of first symptoms. The virus that causes COVID-19 has an incubation period of 2-14 days.
Infectious period (asymptomatic cases)	2 days prior to testing (the date of the swabbing was conducted) until CDC criteria to discontinue isolation are met
Infectious period (symptomatic cases)	2 days before symptom onset until CDC criteria to discontinue isolation are met
Isolation	Process of separating individuals who are infected with COVID-19 from others. Isolation lasts a minimum of 10 days from symptom onset if symptomatic. If a person infected with COVID-19 has no symptoms, isolation lasts a minimum of 10 days from the date of test specimen collection (test). For individuals with severely immunocompromising conditions, isolation is at least 20 days.
Outbreak	3 or more confirmed cases from different households within 14 days in a school
Protocol	Recommended actions to follow in the event of a probable or confirmed case of COVID-19 occurs
Probable case	Individual who has a positive antigen test.
Quarantine	Process of separating and restricting the movement of individuals who were in close contact with someone who tested positive or had symptoms of COVID-19. Anyone who has been in close contact with someone who has COVID-19 must stay home for a minimum of 10 days since the last day of contact with the person with COVID-19 and watch for symptoms of COVID-19. Persons in quarantine should self-monitor for symptoms and seek medical advice and test if recommended by Maine CDC or healthcare provider.
Screening	Assessing individuals for symptoms of COVID-19 verbally or via self/parent attestation. Temperature checks may be performed by the school if desired.
Symptomatic individual	A person who is experiencing one or more of the symptoms of COVID-19 as defined in CDC guidelines
Testing	Three types of tests are available for COVID-19: molecular, antigen, and antibody tests. Molecular and antigen tests indicate if you have a current infection while antibody tests indicate a previous infection. Throughout this document, 'testing' refers to either molecular or antigen-based tests to diagnose a person with current COVID-

	19 infection.
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Appendix A: Sample notification letters to school communities

Dear Staff, Students, and Families,

This letter is to inform you that an individual associated with [School] recently tested positive for Coronavirus Disease 2019 (COVID-19). There is a possibility that other staff or students came in contact with this individual and therefore may have been exposed to the virus. We are informing you out of an abundance of caution. Please monitor yourself/your student for signs and symptoms. Call a health care provider if symptoms start. It is important that you call a health care facility before you show up in person. Stay home if you are sick.

COVID-19 is a respiratory illness that ranges from mild to severe. It can be more severe in adults 60 years and older and in those with underlying conditions. The virus mainly spreads when an infected person coughs or sneezes and an uninfected person breathes in the virus. Signs and symptoms include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Please keep in mind that many things can cause respiratory illness, so students and staff should be up-to-date on influenza and routine vaccinations.

Maine DOE or a school representative will contact you directly if you are identified as a close contact of someone who tested positive. Close contacts will be asked to quarantine for 10 days from last exposure to the positive individual. A negative test result does not get an individual out of quarantine.

Maine CDC recommends prevention measures to prevent the spread of COVID-19. These measures include proper handwashing with soap and warm water, which is especially important after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing. When soap and water is not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Avoid touching your eyes, nose, and mouth with unwashed hands and avoid close contact with people who are sick. Cover your cough or sneeze into a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Questions for the school can be directed at (Name of school representative) by calling (contact number). For general COVID-19 questions, dial 211 (or 1-866-811-5695). You can also text your ZIP code to 898-211 or email info@211maine.org. Call a health care provider for questions about your symptoms. More information can be found at www.maine.gov/dhhs/coronavirus or www.cdc.gov/coronavirus.

Sincerely,

Sample notification letter for close contacts

Dear ,

This letter is to inform you that Maine CDC identified you/your student as a close contact to a Coronavirus Disease 2019 (COVID-19) case. This means that you/your student will need to quarantine at home for 10 days from last exposure to this individual. While a negative test result will not remove the requirement for you/your student to quarantine, testing is recommended five to seven days after possible exposure. Five to seven days is the average length of time it takes to have a enough virus in the body to show up on a test result. If you/your student tests positive, it may increase the length of time that you/your student would need to stay home. Currently, you/your student can come back to school on [DATE] so long as they do not have any symptoms and have not tested positive.

COVID-19 is a respiratory illness that ranges from mild to severe. It can be more severe in adults 60 years and older and in those with underlying conditions. The virus mainly spreads when an infected person coughs or sneezes and an uninfected person breathes in the virus. Signs and symptoms include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Please keep in mind that many things can cause respiratory illness, so students and staff should be up-to-date on influenza and routine vaccinations.

Maine CDC recommends prevention measures to prevent the spread of COVID-19. These measures include proper handwashing with soap and warm water, which is especially important after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing. When soap and water is not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Avoid touching your eyes, nose, and mouth with unwashed hands and avoid close contact with people who are sick. Cover your cough or sneeze into a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Questions for the school can be directed at (Name of school representative) by calling (contact number). For general COVID-19 questions, dial 211 (or 1-866-811-5695). You can also text your ZIP code to 898-211 or email info@211maine.org. Call a health care provider for questions about your symptoms. More information can be found at www.maine.gov/dhhs/coronavirus or www.cdc.gov/coronavirus.

Sincerely,

Sample notification letter for outbreaks

Dear Staff, Students, and Families,

This letter is to inform you that there is an outbreak of Coronavirus Disease 2019 (COVID-19) at (School Name). An outbreak means that there are three or more cases of COVID-19 within a 14-day period that are epidemiologically linked. Based on recommendations from the Maine CDC, we are cleaning the school/classrooms and closing the school or classroom to help prevent further spread of COVID-19. Your child can return on (date). Please monitor yourself/your student for signs and symptoms. Call a health care provider if symptoms start. It is important that you call a health care facility before you show up in person.

COVID-19 is a respiratory illness that ranges from mild to severe. It can be more severe in adults 60 years and older and in those with underlying conditions. The virus mainly spreads when an infected person coughs or sneezes and an uninfected person breathes in the virus. Signs and symptoms include:

- fever or chills
- cough
- shortness of breath or difficulty breathing
- fatigue
- muscle or body aches
- headache
- new loss of taste or smell
- sore throat
- congestion or runny nose
- nausea or vomiting
- diarrhea

Please keep in mind that many things can cause respiratory illness, so students and staff should be up-to-date on influenza and routine vaccinations.

Maine DOE or a school representative will contact you directly if you are identified as a close contact of someone who tested positive. Close contacts will be asked to quarantine for 10 days from last exposure to the positive individual. A negative test result does not get an individual out of quarantine.

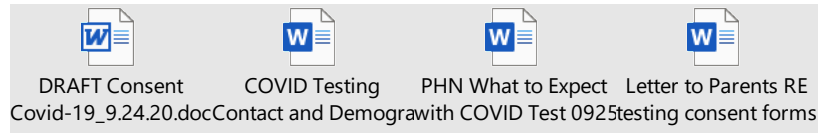
Maine CDC recommends prevention measures to prevent the spread of COVID-19. These measures include proper handwashing with soap and warm water, which is especially important after using the bathroom, before eating, and after blowing your nose, coughing, or sneezing. When soap and water is not available, use an alcohol-based hand sanitizer with at least 60 percent alcohol. Avoid touching your eyes, nose, and mouth with unwashed hands and avoid close contact with people who are sick. Cover your cough or sneeze into a tissue, then throw the tissue in the trash. Clean and disinfect frequently touched objects and surfaces using a regular household cleaning spray or wipe.

Questions for the school can be directed at (Name of school representative) by calling (contact number). For general COVID-19 questions, dial 211 (or 1-866-811-5695). You can also text your ZIP code to 898-211 or email info@211maine.org. Call a health care provider for questions about your symptoms. More information can be found at www.maine.gov/dhhs/coronavirus or www.cdc.gov/coronavirus.

Sincerely,

Appendix B: School-Based Testing Documents

The following four documents can be used in the setting of school-based testing.



[School header]

Greetings,

One of the best ways to prevent the spread of COVID-19 is through testing. That is why we are planning to make testing of students quick and easy, should it be needed.

If we are notified of active cases affecting our school community and the Maine CDC recommends that we test students, we will work with qualified healthcare personnel to provide COVID-19 testing on our school grounds or in a designated location in our community. We are asking parents/guardians to give us permission to test their child so that we are prepared if and when testing might be needed. This will allow us to respond quickly and provide tests for all students.

OPTIONAL (omit if school has not opted into program)

Additionally, our school has opted into a State of Maine program that will allow us to procure Abbott BinaxNOW Ag Tests. This test is a rapid antigen test that provides results in less than 15 minutes. The BinaxNOW test can be used for early detection of COVID-19 in students, staff and teachers. Specifically, for individuals who develop the following signs and symptoms during the school day:

<ul style="list-style-type: none">• fever or chills	<ul style="list-style-type: none">• new loss of taste or smell
<ul style="list-style-type: none">• cough	<ul style="list-style-type: none">• sore throat
<ul style="list-style-type: none">• shortness of breath or difficulty breathing	<ul style="list-style-type: none">• congestion or runny nose
<ul style="list-style-type: none">• fatigue	<ul style="list-style-type: none">• nausea or vomiting
<ul style="list-style-type: none">• muscle or body aches	<ul style="list-style-type: none">• diarrhea
<ul style="list-style-type: none">• headache	

Individuals over the age of 12 would have the capacity to self-swab with supervision, while school nurses or designated healthcare worker would need to collect the specimens for children under the age of 12. We are asking parents/guardians to give us permission to test their child should they develop any of the above symptoms during the school day.

Please read and complete the 2 enclosed/attached forms. Return both completed forms to X (school nurse or other personnel) via X method (paper, Power School) by X date.

1. Consent form (TITLE):

This allows the healthcare personnel conducting testing to use a nasal swab to test your student as soon as possible, if directed by the CDC.

2. Contact Info and Demographics Form required by the Maine CDC for testing:

This form is required to accompany your student's test to the Maine CDC Laboratory and also tells the health professionals conducting the test whom to notify with the results.

These forms will stay in your child's health file and only be used if testing is needed.

In the event that testing needs to take place at school or in a designated location in our community:

- There will be no charge to families for testing.
- The test will involve having your child insert a swab into mid-area of the nose for 10 seconds, or if they are young or otherwise unable to self-swab, someone will insert the swab for your child.
- School health staff or designee will be in communication with the parent/guardian of anyone tested and results will be shared with the parent/guardian. If a student is negative, the parent/guardian will receive

an email with results. If a student is positive, the parent/guardian will receive a phone call from the school and results will be shared with the student's primary care physician for follow up.

- Students who do not have completed forms on file cannot be tested at school, which may affect their ability to attend school and other school-related activities.
- Parents/guardians that opt out of school organized testing will need to arrange testing through their primary care provider or other testing site if directed to do so by the CDC.
- School staff will be in communication about other related issues such as whether students should to continue to come to school, quarantine expectations, etc.

Thank you so much for your help in completing and returning these forms. By doing so, you are making sure that testing for your student is not delayed. If you have questions, please contact (name and role) at X (phone number).

Here's to a healthy school year!
[sign off]

**[TEMPLATE] Maine Pre-K to 12 School COVID-19 Test
Parent/Guardian Consent Form: School Year 2020-2021**

[SCHOOL NAME] seeks to maintain a safe environment for employees, students, their families, and the community. This consent form provides [SCHOOL NAME] or its designee with your permission to perform a COVID-19 screening test for your child at the school or its designated site.

By signing below, you are indicating that you voluntarily consent to this screening procedure for the detection of COVID-19 for your child. Please read the attached information accompanying this form to learn more about school-based testing.

COVID-19 Test Information Statement

For Standard PCR testing:

The test will be administered by a healthcare provider in an outbreak situation. The test involves a nasal swab that is used to determine the potential presence of COVID-19. The specimen collected will be processed by the Maine Centers for Disease Control (CDC) Health and Environmental Testing Laboratory, which will have results in approximately 48-72 hours. The school or its designee will receive your child's test results from the health care provider who conducted the test and will communicate those results to you. Additionally, the school or its designee will provide instructions on any appropriate next steps.

For Rapid Testing:

The test will be administered by a school nurse. The test involves a nasal swab that is used to determine the potential presence of COVID-19. The specimen collected for a rapid test will have results in approximately 15-20 minutes. The school will share the results with the CDC for public health reporting. The school or its designee will communicate those results to you following the test. Additionally, the school or its designee will provide instructions on any appropriate next steps.

Section 1: Information about Your Child (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	School Name	Grade & Teacher
ADDRESS				PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP			

Section 2: Consent

CONSENT FOR CHILD'S COVID-19 TEST:

I have read or had explained to me the **COVID-19 Testing Information Statement**, above, and have had the opportunity to seek answers to my questions about the risks and benefits of this test.

☐ **I CONSENT** to my child receiving a **Standard PCR COVID-19 Test** administered by a DHHS/CDC contracted provider at [SCHOOL NAME] in an outbreak. (If this consent form is not signed, then your child will not receive the test.)

☐ **I CONSENT** to my child receiving a **Rapid COVID-19 Test** administered by [SCHOOL NAME] or its designee

in a school setting if my child becomes symptomatic during the school day. (If this consent form is not signed, then your child will not receive the test.)

Signature of Parent/Legal Guardian _____ Date: _____
month _____ day _____ year _____

COVID-19 Testing Record

FOR ADMINISTRATIVE USE ONLY

Date Test Administered	Name and Title of Administrator
/ /	

SPACE FOR LOGO OR LETTERHEAD

COVID-19 SPECIMEN COLLECTION AND ANALYSIS
DEMOGRAPHIC AND CONTACT INFORMATION FORM

School Name:

Grade:

Teacher:

Child's Name (First, Middle Initial, Last):

Date of Birth: __ / __ / __ (mm/dd/yyyy)

Gender (Circle One):

- ☐ Male
- ☐ Female
- ☐ Other

Child's Address:

Parent/Guardian Preferred Email Address:

Parent/Guardian Preferred Phone Number (include area code):

Preferred Language (if other than English):

Race (Circle One):

- ☐ White
- ☐ American Indian or Alaskan Native
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian/Pacific Islander
- ☐ Other
- ☐ Two or More Races

Ethnicity (Circle One):

- ☐ Hispanic or Latinx
- ☐ Non-Hispanic

Student's Primary Care Physician:

Primary Care Office Name and Address:

Primary Care Office Phone Number:

COVID 19: WHAT TO EXPECT WHEN YOUR CHILD NEEDS A NASAL SWAB TEST

- Help prepare your child for the COVID- 19 test by telling them that they will have a swab put in their nose and twirled around for a few seconds to get the test done. It will feel a little itchy or might even tickle. Their eyes might water, or they might even sneeze or cough and that is all normal. They may have to swab both sides of the nose.
- The child's job is to lean their head back and sit as still as possible for the test.
- A child can bring a stuffed animal, toy, or comforting object to hold during the test.
- Everyone will need to wear a mask or face covering (over age 2).
- Have youth remove any nasal piercings prior to the test.
- If your child has had a problem with their nose, like a deviated septum, broken nose and/or recent surgery, you should call your child's doctor to discuss their recommendations for testing.
- If you are at a drive thru site, the team will ask you to stay in your car. Children and infants can remain in their car seats. You can sit next to the child and hold them or hold their hand.
- If a child has a hard time sitting still, a caregiver may be asked to have them sit in their lap in the front seat and give them a bear hug; using one leg to secure the child's leg, one arm to wrap around the child's chest and arms, and one arm to gently help secure the child's head against the caregiver. You can practice this at home.
- If the child is over 10 years old and willing, they may also be asked to collect the sample by putting the swab in their nose. The team will coach the child on how to collect the sample. A caregiver can assist them with the collection.
- The testing team will be wearing masks, gloves, and gowns in order to keep everyone safe. They will ask some questions and may take your temperature. They will explain what type of test is available at that site. They will give you a tissue to wipe your nose for before and after the test.
- The child or the testing team will insert a very skinny swab into the nose and twist it around to collect some material from inside the nose. It won't go far back, only ½-1 inch, depending on the test and the nose. It will only last a few seconds.
- The team will then put the swab into a tube and send it to a laboratory to see if the sample collected contained COVID-19. The results may take a 3-4 days. Some sites have special kits with results available onsite, in just 15 minutes! The most important thing is to follow the

instructions they give you after the test. If the test is positive, you will get a phone call. If the test is negative, an email may be sent instead of a phone call.

Appendix D: Change Log

Date of original version: 8/26/2020

Date of Change	Description of Change	Author
9/9/2020	To reflect designation of close contacts from school sports	Team
9/15/2020	To clarify conditions under which an outbreak investigation is opened	Team
9/23/2020	To clarify the definition of close contacts in an outbreak	Team
9/28/2020	To clarify case investigation process, AHOC, and bus windows	Team
9/29/2020	To clarify the role of antigen testing and, separately, school sports by creating Appendix B	Team
9/30/2020	To clarify bus exposures and, separately, to add Appendix C for school-based testing documents	Team
10/2/2020	To clarify cleaning guidance and community-based sports	Team
10/4/2020	To add Appendix D, which will track all subsequent revisions	NDS
10/31/2020	Updated Outbreak G section to match Table 1	AF
11/14/2020	Updated Community sports link, probable case investigation, outbreak school letter	AF
12/8/2020	Updated with changes to definition of “probable case,” case investigation prioritization, contact tracing, quarantine, and community sports	JML
12/12/2020	Updated background section and formatting	AF
2/25/2021	Updated requirements of quarantine and isolation for those with a previous positive test in the last 90 days, quarantine requirements for fully vaccinated individuals; Addition to role of school nurse, DOE contact tracing team and superintendent if school deemed an outbreak, insert page numbers; Updated guidance regarding quarantine of individuals who are identified as close contacts of a case and use of antigen testing, role of the school nurse clarified use of BinaxNOW testing for essential teachers/staff	MA
3/31/2021	Clarify the preliminary and official ending of outbreak timelines, updated close contacts within a school setting	MA

